

CHAPTER 153  
SOCIAL SERVICES BLOCK GRANT  
AND FUNDING FOR LOCAL SERVICES

[Prior to 7/1/83, see Social Services[770] Ch 131]  
[Previously appeared as Ch 131—renumbered IAB 2/29/84]  
[Prior to 2/11/87, Human Services[498]]

DIVISION I  
SOCIAL SERVICES BLOCK GRANT

PREAMBLE

This division sets forth the requirements for reporting required for receipt of federal social services block grant (SSBG) funds and service availability and allocation methodology related to those funds.

**441—153.1(234) Definitions.**

*“County administrative costs”* include the rent, utilities, and other related costs the county must pay to maintain a county human services office. These costs are funded from state, federal and county sources.

*“Direct services”* means services provided by staff of the department of human services to clients. This includes the administrative support necessary to maintain and oversee services. Direct services are funded with state and federal dollars.

*“Protective day care”* means day care provided to children to prevent or alleviate child abuse or neglect. This purchase service is available throughout the state. Protective day care is funded with federal funds.

*“State purchase services”* means those services the department purchases in every county statewide. State purchase services are funded with state and federal funds.

**441—153.2(234) Development of preexpenditure report.**

**153.2(1)** The department of human services shall develop the social services block grant preexpenditure report on an annual basis. The report shall be developed in accordance with the Code of Federal Regulations, Title 45, Part 96, Subpart G, as amended to July 20, 2000. The report shall describe the services to be funded, in what areas services are available and the amount of funding available. The plan shall also indicate the source of funding.

**153.2(2)** The department shall issue a proposed preexpenditure report prior to publication of the final report. The proposed report shall be available for public review and comment in each local office where the service area manager is based during regular business hours for a two-week period.

**153.2(3)** The time and scope of public review will be announced each year. The announcement will indicate the time the proposed report can be viewed. The department shall make this information available to the media, post signs in each local human services office and may publish ads in each service area listing the time of review.

**153.2(4)** The department shall accept comments about the preexpenditure report during the specified public review and comment period. Individuals or groups may submit written comments to the service area manager or to the Bureau of Purchase of Services, Iowa Department of Human Services, Hoover State Office Building, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114. Public hearings may be arranged by the service area manager at which time testimony will be accepted.

**153.2(5)** The department shall consider the public comment when developing the final preexpenditure report.

**153.2(6)** A copy of the final preexpenditure report will be available in each local office where the service area manager is based.

**441—153.3(234) Amendment to preexpenditure report.**

**153.3(1)** The preexpenditure report may be amended throughout the year. The department may file an amendment changing the kind, scope or duration of a service. Decisions to change a direct service or state purchase service will be made by the department.

Prior to filing an amendment the department and the county boards of supervisors will evaluate available funds and the effect any change will have on clients.

**153.3(2)** An amendment in the preexpenditure report will be posted in the local offices affected by the amendment at least 30 days prior to the effective date of the change. However, in the event funding for the service has been exhausted, an amendment shall be posted immediately notifying the public that the service will no longer be available. The service area manager will, whenever possible, give advance notice of a service termination made necessary because funds have been exhausted. When a service is added or extended, an amendment may be posted immediately and a 30-day posting period is not required.

**153.3(3)** Individuals or groups may submit written comments to the service area manager or to the Bureau of Purchase of Services, Iowa Department of Human Services, Hoover State Office Building, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114.

**153.3(4)** Nothing in this rule will supersede the requirement for notifying clients of adverse action as provided in 441—130.5(234).

This rule is intended to implement Iowa Code section 234.6(6).

**441—153.4(234) Service availability.**

**153.4(1)** A client shall apply for services in the appropriate office of the Iowa department of human services.

*a.* The department shall determine eligibility according to 441—130.3(234).

*b.* The department shall develop a case plan to monitor the client's progress toward achieving goals as identified in 441—130.7(234).

**153.4(2)** An eligible client shall receive a service for which the client is eligible, subject to the provisions of 441—Chapter 130, when the service is listed in the geographic area in which the client resides. The geographic area for direct and state purchase is the state.

**153.4(3)** To the extent federal law prohibits use of federal funds for provision of social service block grant services to persons the department has defined as eligible, state funds shall be used to pay for these services.

**441—153.5(234) Allocation of block grant funds.**

**153.5(1)** The department shall follow a cost allocation plan for determining the appropriate costs of the department's central office to be funded with block grant money.

**153.5(2)** The amount of funding allocated to state purchase services shall be allocated to each service area as follows:

*a.* The available family planning dollars shall be distributed among the eight service areas at 75 percent of the funds on the basis of poverty population and 25 percent of the funds on the basis of population of females aged 12 to 44 as reported in the most current available census information for the state of Iowa.

*b.* The available foster care dollars shall be allocated among the eight service areas according to 441—paragraph 156.20(1)“*b.*”

c. Administrative support dollars which are used for volunteer services shall be allocated among the eight service areas based on a four-part formula: 25 percent of the total volunteer budget divided equally among the eight service areas, 25 percent divided among the eight service areas based on their poverty population percentage, 25 percent based on the general population percentage, and 25 percent based on the historical volunteer service performance (number of volunteer hours generated in the previous two-year period).

This rule is intended to implement Iowa Code section 234.6.

**441—153.6(234) Local purchase planning process.** Rescinded IAB 7/8/92, effective 7/1/92.

**441—153.7(234) Advisory committees.** Rescinded IAB 3/6/02, effective 7/1/02.

**441—153.8(234) Federal flood relief supplemental social services block grant funds for emergency social services.** Rescinded IAB 3/6/02, effective 7/1/02.

**441—153.9 and 153.10** Reserved.

DIVISION II  
NONMENTAL ILLNESS, MENTAL RETARDATION, AND  
DEVELOPMENTAL DISABILITIES—LOCAL SERVICES  
[Rescinded IAB 10/13/93, effective 12/1/93]

**441—153.11 to 153.30** Reserved.

DIVISION III  
MENTAL ILLNESS, MENTAL RETARDATION, AND  
DEVELOPMENTAL DISABILITIES—LOCAL SERVICES  
[Rescinded IAB 3/6/02, effective 5/1/02]

**441—153.31 to 153.50** Reserved.

DIVISION IV  
STATE PAYMENT PROGRAM FOR SERVICES TO ADULTS  
WITH MENTAL ILLNESS, MENTAL RETARDATION, AND  
DEVELOPMENTAL DISABILITIES

PREAMBLE

The state payment program for services to adults provides 100 percent state funds to pay for mental illness, mental retardation and developmental disabilities local services for eligible persons who have no legal settlement in Iowa. This ensures that each of the mental illness, mental retardation and developmental disabilities local services provided by an Iowa county to residents who have legal settlement is also available to residents of that county who do not have legal settlement. These services would otherwise be available to them from the county mental health, mental retardation and developmental disabilities services fund through the county central point of coordination.

Three basic principles underlie the state payment program for services to adults. First, duration of residency, including legal settlement, is not an eligibility factor for mental illness, mental retardation and developmental disabilities local service programs. The state payment program has been developed to enable all eligible residents to receive these services, regardless of their legal settlement status. Second, each state is responsible to provide care and services for its own residents. Iowa provides for residents of Iowa. Third, one's own family is of primary importance to one's well-being. Thus, the state payment program emphasizes that care and services for a person be provided near the person's own family, unless this is contraindicated or impossible to provide.

**441—153.51(234) Definitions.**

*"Applicant"* means a person for whom payment is requested from the state payment program.

*"Application date"* means the date a signed Form 470-0604, State Payment Program Eligibility Determination, is received in the county office. See subrule 153.53(4).

*"Approved county management plan"* means the county plan developed pursuant to Iowa Code section 331.439 that has been approved by the department's director.

*"Central point of coordination (CPC)"* means the administrative entity designated by a board of supervisors, or the boards of supervisors of a consortium of counties, to act as the single entry point to the service system established under an approved county management plan.

*"Department"* means the Iowa department of human services.

*"Department's service worker"* means the department's county service worker or the department's Title XIX case manager.

*"Division"* means the division of mental health and developmental disabilities of the department of human services.

*"Division administrator"* means the administrator of the division of mental health and developmental disabilities of the department.

*"Iowa Plan"* means the Iowa Plan for Behavioral Health established by the department's division of medical services as the managed care plan to provide mental health and substance abuse services. The Iowa Plan shall manage behavioral health services to state payment program members with a primary diagnosis of mental illness or chronic mental illness (even if the member has a coexisting secondary or tertiary diagnosis of mental retardation or developmental disability).

*"Legal representative"* means a person recognized by law as standing in the place or representing the interests of another, for example, a guardian, conservator, custodian, parent of a minor, or the executor, administrator or next of kin of a deceased person.

*"Legal settlement"* is a legal status as defined in Iowa Code sections 252.16 and 252.17.

*"Member"* means a person authorized by the division to receive benefits from the state payment program.

*"Personal representative"* means a person designated in writing by another as standing in the other's place of representing the other's interest.

*"Provider"* means an Iowa provider of mental health, mental retardation, or developmental disability services who has a valid purchase of service contract for the service or a valid special mental health-mental retardation county contract agreement with the division for the service, or is a participating provider with the Iowa Plan for services to Iowa Plan members. The special mental health-mental retardation county contract agreement is established via Form 470-3336, State Payment Program Provider Enrollment Information, pursuant to the provider's contract with a county to provide services under a county management plan.

*"Resident,"* for purposes of this division, means a person who is present in the state and who has the intent to remain in Iowa indefinitely.

**441—153.52(234) Eligibility.** To be eligible for the state payment program, a person must be an adult and meet all of the following conditions. The department may, on a case-by-case basis, attempt collection from a legally responsible entity.

**153.52(1) Eligibility criteria.** Meet the eligibility criteria established in the approved county management plan for the county where the applicant resides, except that no person applying for services on or after July 1, 2004, shall be approved whose:

*a.* Income exceeds 150 percent of the federal poverty level; or  
*b.* Countable resources exceed the maximum allowed under the federal Supplemental Security Income program. The following resources shall be exempted:

- (1) One primary vehicle.
- (2) One primary residence.
- (3) Burial accounts or agreements.
- (4) Retirement accounts in the accumulation stage.
- (5) Medical savings accounts.
- (6) Assistive technology accounts for persons whose disability requires or may reasonably be expected to require assistive technology.

**153.52(2) Payment source.** Have no other political entity, organization or other source responsible for provision of or payment for the needed services nor be eligible to have the service funded or provided at no additional cost to the state by another state or federally funded facility or program.

**153.52(3) Residency.** Be a resident of Iowa present in the state without legal settlement in an Iowa county.

**153.52(4)** Not have been in Iowa for purposes of visitation or vacation nor traveling through the state to another destination at the time of application for services.

**153.52(5)** Rescinded IAB 11/8/95, effective 1/1/96.

**441—153.53(234) Application procedure.**

**153.53(1) Application by service worker.** It shall be the responsibility of the department's service workers to make application for the state payment program for any person they serve who may be eligible. An application for a person awaiting discharge from a state mental health institute or state hospital school shall be initiated by the institution's social worker and forwarded to the department's service worker for completion. Applications shall be made only with the knowledge and consent of the person or the person's legal or personal representative. An applicant residing in a county with an approved county management plan, with the consent of that county's central point of coordination, may be required to make application through the central point of coordination process.

**153.53(2) Eligibility for services.** An applicant shall be determined eligible based on the eligibility guidelines contained in the approved county management plan for the county where the applicant resides. When an application is filed on or after July 1, 2004, the applicant shall also meet the requirements of subrule 153.52(1). The department's service worker is responsible for the decision made on eligibility.

*a.* A person eligible for the state payment program as of June 30, 1996, shall remain eligible as long as the eligibility requirements in effect on June 30, 1996, are met.

*b.* The department may institute a waiting list for applicants residing in a county that institutes a waiting list for services funded through the county mental health, mental retardation and developmental disabilities services fund.

**153.53(3) Application requirements.** Applications shall be made on Form 470-0604, State Payment Program Eligibility Determination, and shall include: (1) a copy of the applicant's case plan; (2) a copy of a study or report signed by a licensed physician, psychiatrist, psychologist, licensed social worker, or licensed master social worker which establishes a diagnosis of mental illness, mental retardation, or developmental disability in accordance with Iowa law; (3) Form 470-0555, Services Reporting System, completed except for item 41 and the last two digits of item 40; and (4) additional narrative as follows:

a. A statement explaining why it is believed the applicant does not have legal settlement in Iowa and the place where it is thought the applicant does or may have it.

b. A history of the custody or guardianship of the applicant, if custody or guardianship has ever been with someone other than the natural parents.

c. A description of the applicant's family and the applicant's relationships with family members and significant others and the attempts made to seek services for the applicant near these people or the reason for not doing so.

d. An explanation of the applicant's financial status, including Title XIX, Medicare, veteran and social security status and other entitlements.

e. A statement verifying that the services requested are in the approved county management plan of the applicant's county of residence and would be funded by the county for the applicant if the applicant had legal settlement in the county.

f. A statement that the provider identified either (1) has a valid purchase of service agreement for the services requested, or (2) has a valid special mental health-mental retardation county contract agreement for the service established by Form 470-3336, State Payment Provider Enrollment Information. If the provider does not have one of these agreements, Form 470-3336 completed by the provider and a copy of the provider's agreement with a county under an approved county management plan which specifies the unit of service and the unit rate paid by the county in which the provider is located shall be included with the application materials submitted to central office.

g. A statement that the provider is a participating provider with the Iowa Plan when the applicant's diagnosis is mental illness or chronic mental illness.

**153.53(4) Application date.** The date of application is the date a signed Form 470-0604, State Payment Program Eligibility Determination, is received in the department's county office. The application date from a completed and signed Form 470-0615, Application for Social Services, or a completed and signed central point of coordination (CPC) application form, may be transferred, as the effective date, to Form 470-0604, State Payment Program Eligibility Determination, when the CPC application received by the department's county office contains a legal settlement worksheet completed in accordance with provisions of Iowa Code chapter 252 and other applicable laws and rulings of courts, and the CPC application is received in the department's county office within 60 days of the CPC application date.

**153.53(5) Application submission.** The application shall be completed by the department's service worker and submitted with materials required by subrule 153.53(3) to the division within 30 days of the date the department's county office receives a signed Form 470-0604, or a signed Form 470-0615, or a signed CPC application form containing a legal settlement worksheet completed in accordance with provisions of Iowa Code chapter 252 and other applicable laws and rulings of courts.

**441—153.54(234) Eligible services.** Services eligible for reimbursement pursuant to this division of the rules are the services defined in the approved county management plan of the applicant's county of residence.

A person receiving a service under the state payment program as of June 30, 1996, which is not in the approved county management plan shall continue to remain eligible for that service as long as the eligibility requirements in effect on June 30, 1996, are met.

**441—153.55(234) Service provision.**

**153.55(1) *Purchased services.*** Social casework as defined in rule 441—131.1(234) will be provided by the department, or with agreement, through a county central point of coordination process, during the period for which services are paid. Regardless of who provides the social casework, the department has final responsibility for any decisions that may be subject to appeal. The state payment program provides payment for mental illness, mental retardation and developmental disabilities local services to members as follows.

*a.* For members with a primary diagnosis of mental retardation or developmental disability, payment will be provided for services as long as the person is eligible and the following criteria are met:

(1) The provider has a valid purchase of service agreement for the service pursuant to 441—Chapter 150, or the division has accepted the provider for a special mental health-mental retardation county contract agreement.

(2) The service is provided under the approved county management plan of the member's county of residence, and payment for the service for other residents would be made from the county mental health, mental retardation and developmental disabilities services fund.

(3) The service is provided or paid for by the member's county of residence to persons who have legal settlement there.

(4) Service providers shall access the other payment systems for which the member is eligible prior to billing the state payment program.

*b.* The Iowa Plan contractor shall fund, for its state payment program members, all the services that the program funds for other members. For members with a mental illness or chronic mental illness, payment for services will be made through the Iowa Plan as long as the person is eligible and the following criteria are met:

(1) The provider is a participating provider with the Iowa Plan. The Iowa Plan contractor shall enroll any provider with a special mental health-mental retardation county contract agreement that is necessary to serve Iowa Plan members.

(2) The Iowa Plan contractor has verified the member's state payment program eligibility with the department.

(3) The service is provided under the approved county management plan of the member's county of residence, and payment for the service for other residents is made from the county mental health, mental retardation and developmental disabilities services fund.

*c.* The department may exclude from the Iowa Plan members who are enrolled in the program for only non-managed services such as protective payee, transportation, and rent subsidy. For these members, payment for services will be made through the department as long as the person is eligible and the following criteria are met:

(1) The department has accepted the provider for a special mental health-mental retardation county contract agreement.

(2) The service is in the approved county management plan of the member's county of residence.

(3) The member's county of residence provides or pays for the service for persons who have legal settlement there.

(4) Payment for the service for other residents would be made from the county mental health, mental retardation and developmental disabilities fund.

(5) Service providers have accessed the other payment systems for which the member is eligible before billing the state payment program.

**153.55(2) Excluded costs.** The following costs are excluded from payment by the state payment program:

- a. The costs for a member's maintenance (room and board), medical services and other needs when the person is eligible for Medicaid, social security or state supplementary assistance. The state payment program pays only the net service cost of a residential service. This paragraph does not apply to rent subsidy or rent assistance services.
- b. Services received prior to the effective date.
- c. The cost of local services which the member is eligible to have funded by private sources or by other state or federal programs or funds.
- d. Service costs which are the responsibility of the Iowa Plan contractor. The Iowa Plan contractor shall cover all services which the state payment program would fund for the member if the member were not the responsibility of the Iowa Plan. For members funded through the Iowa Plan, the services covered by the Iowa Plan are services in full, and payment made by the Iowa Plan for the services is payment in full. The Iowa Plan contractor's denial of payment for a service which is a state responsibility shall not create a payment responsibility for the county.
- e. Funeral and embalming, burial or cremation costs.

**441—153.56(234) Eligibility determination.**

**153.56(1) Certification by central office.** Following receipt of a completed Form 470-0604 and required accompanying documentation specified in subrule 153.53(3), central office staff of the department shall complete the determination of eligibility as follows:

- a. Iowa counties, other states and counties, agencies, institutions, professional persons and other sources shall be contacted as necessary, and court records and other documents shall be reviewed as necessary to determine the applicant's eligibility for benefits.
- b. The applicant's legal settlement status shall be ascertained in accordance with Iowa Code sections 252.16 and 252.17 and with other applicable laws, rulings of courts and opinions of the Iowa attorney general.
- c. The applicant's eligibility for the state payment program shall be certified to the department's county office and, when applicable, the central point of coordination and the Iowa Plan contractor on Form 470-0604 within 30 days of receipt in central office of the completed application and all verifications specified in subrule 153.53(3).

**153.56(2) Notification of applicant.**

- a. Following certification by central office, the department's service worker shall notify the applicant of the decision in accordance with department requirements and procedures.
- b. Notifications of service changes and terminations for members with a primary diagnosis of mental retardation or developmental disability are the responsibility of the department's county office using the department's notice of decision in accordance with department requirements and procedures.
- c. Notifications of service changes and terminations for members with mental illness or chronic mental illness are the responsibility of the Iowa Plan contractor and shall include notification to the department's service worker for the member.

**153.56(3) Effective date.** An applicant's eligibility for the state payment program funding shall be effective from the date of application.

**153.56(4) Redetermination.** Redeterminations of eligibility for the state payment program shall be done when the member's eligibility for services is redetermined and also at the time a change in the member's legal settlement status has been calculated to occur or does occur.



**441—153.57(234) Program administration.****153.57(1) Provider responsibilities.**

a. For a member whose case is being overseen by the department's service worker, in providing services to the member, the provider shall follow the department's case plan and shall submit quarterly reports on the member's progress to the department's service worker assigned responsibility for the case as required by 441—subparagraph 150.3(3)“j”(2).

b. For a member whose case is being overseen by the department's service worker and the Iowa Plan contractor, the provider shall follow the case plan designated by the Iowa Plan and shall submit reports as required by the Iowa Plan.

c. For a member whose case is being overseen by the department's service worker and a county central point of coordination, the provider shall follow the central point of coordination's case plan and shall submit quarterly reports on the member's progress to the department's service worker and central point of coordination as required by 441—subparagraph 150.3(3)“j”(2).

d. Rescinded IAB 2/4/04, effective 3/10/04.

e. Providers furnishing services to members whose cases are being overseen by the department's service worker and the Iowa Plan contractor shall furnish services in accordance with the needs of the member and federal and state statutes and regulations and department rules and Iowa Plan criteria. The Iowa Plan contractor's denial of payment for a service which is a state responsibility shall not create a payment responsibility for the county.

f. Providers shall cooperate in furnishing the Iowa Plan contractor with any information the provider has that is necessary to determine the initial or continued need for service for a person for whom funding is sought through the Iowa Plan.

g. Providers shall cooperate in providing the department with any information the provider has that is necessary to determine the initial or continued eligibility of a person for whom funding is sought. Providers shall notify the department within 30 days of any change in a member's circumstances that would affect the member's eligibility or the member's cost of services.

h. Providers shall maintain in good standing all certifications, accreditation, licensure, or other applicable federal and state statutory and regulatory requirements; comply with all applicable federal and state confidentiality laws and applicable rules in the Iowa Administrative Code; and comply with all applicable federal and state requirements with respect to civil rights, equal employment opportunity, and affirmative action.

i. Providers shall notify the division administrator within 24 hours of any change in licensure, certification, accreditation, or other applicable statutory or regulatory standing. Providers shall maintain, for a period of five years from the date of service, clinical and financial records adequate to support the need for and provision of the services purchased by the department. The department or its authorized agent shall have access to these records to perform any clinical or fiscal audits the department deems necessary.

j. Providers shall comply with the rules of this chapter.

k. Providers under investigation by any federal or state statutory or regulatory authority may be prohibited from accepting for service any new applicants or members whom the providers did not already serve on the date the investigation was initiated. For the duration of the investigation, the provider shall not be prohibited from serving and receiving payment for services provided to members whom the provider served on the date the investigation was initiated.

l. Providers with a special mental health-mental retardation county contract agreement may terminate the agreement for any reason by giving 30 days' notice to the department and state payment program members they serve and making arrangements for the continuity of care of any state payment program member who would be affected by the termination.

**153.57(2) *Department responsibilities.*** The department as sponsoring agency shall be responsible for all contacts with governmental units as necessary, with in-state and out-of-state agencies as necessary, with the applicant or member's family and others in matters concerning the applicant or member's legal settlement and residency, entitlements from other sources and eligibility for the state payment program.

The department shall verify with the county central point of coordination the services and unit rates of providers applying for a special mental health-mental retardation county contract agreement by Form 470-3336.

The department reserves the right to terminate special mental health-mental retardation county contract agreements established via Form 470-3336 for any reason by giving 30 days' notice to the provider and to state payment program members the provider serves and making arrangements for the continuity of care of any state payment program member who would be affected by the termination. Failure by a provider to abide by the rules of this chapter may be cause for termination. Citations or sanctions against the provider by any federal or state statutory or regulatory authority may be cause for termination.

The department reserves the right not to enter into a special mental health-mental retardation county contract agreement with a provider who has been cited or sanctioned by a federal or state statutory or regulatory authority within two years of the provider's application for a special mental health-mental retardation county contract agreement via Form 470-3336, or who has failed to demonstrate that the provider meets the requirements for a special mental health-mental retardation county contract agreement as stated in this chapter.

**153.57(3) *Payment to providers.*** The following policies shall govern payment to providers for services furnished to members:

*a.* Payment for service shall be made in accordance with 441—Chapter 150 and departmental procedures. Form 470-0020, Purchase of Service Provider Invoice, shall be used to bill for services covered by a purchase of service contract or a special mental health-mental retardation county contract agreement for services actually provided to a member from the effective date of state payment program eligibility.

Payment for services which are the responsibility of the Iowa Plan contractor shall be made in accordance with the Iowa Plan's procedures and shall be submitted to the Iowa Plan contractor on Form 470-0020, Purchase of Service Provider Invoice, for payment.

Form 07-350, Purchase Order/Payment Voucher, shall be used for all other services.

*b.* Payment to a provider with a special mental health, mental retardation county contract agreement for services provided to a member shall be the unit rate paid by the county in which the provider is located, except that all rates shall be frozen June 30, 2004.

(1) Payment to a provider for services to a member whose case is being overseen by the department's service worker and the Iowa Plan shall be at the rate established by the Iowa Plan contractor, except that all rates shall be frozen June 30, 2004.

(2) Payment to a new provider requesting enrollment in a special mental health, mental retardation county contract agreement shall be at the rate paid in state fiscal year 2004 by the county in which the provider is located.

*c.* Rescinded IAB 7/2/97, effective 7/1/97.

*d.* Financial participation on the part of the member shall be governed by the financial participation provisions of the approved county management plan of the member's county of residence.

*e.* Payment for outdated warrants and for invoices for services and claims over which there is dispute with the department shall be submitted to the state appeals board, in accordance with Iowa Code chapter 25. Payment for invoices for services and claims over which there is dispute with the Iowa Plan contractor shall be made according to the procedures established by the Iowa Plan contractor.

**441—153.58(234) Reduction, denial or termination of benefits.** The member's state payment program benefits may be denied, terminated or reduced according to the provisions of the approved county management plan of the member's county of residence.

An Iowa Plan member's state payment program benefits may be denied, terminated or reduced according to the provisions of the Iowa Plan. The department shall at all times retain control over eligibility determination. The Iowa Plan contractor shall communicate with the department at least quarterly regarding the member's status and services.

A member's state payment program benefits shall be terminated on the date the member acquires legal settlement in a county of the state or the date the member ceases to be a resident of Iowa as defined in this chapter.

The department's service worker in the county office is responsible for completing notices of decision to the member and sending copies to the state payment program manager and, where applicable, the Iowa Plan contractor regarding service changes and terminations.

**441—153.59(234) Appeals.** Decisions regarding eligibility of any applicant and decisions adversely affecting applicants or members who are not eligible for the Iowa Plan may be appealed pursuant to 441—Chapter 7.

Decisions (other than eligibility) adversely affecting applicants or members who are eligible for the Iowa Plan shall be first appealed pursuant to the Iowa Plan contractor's appeal provisions, and then, if not satisfactorily disposed, pursuant to 441—Chapter 7.

Decisions made by the Iowa Plan contractor adversely affecting service providers shall be reviewed pursuant to the Iowa Plan contractor's appeal provisions.

Department decisions adversely affecting service providers with a current purchase of service contract may be reviewed pursuant to 441—subrule 150.3(9).

Providers with a special mental health-mental retardation county contract agreement who are adversely affected by a department decision may request a review. The procedure for this review is as follows:

1. The provider shall send a written request for review to the division administrator within 10 working days of receipt of the decision in question. This request shall document the specific area in question and the remedy desired. The division administrator shall provide a written response within 30 working days.

2. When dissatisfied with the division administrator's response, the provider may appeal this decision within 10 working days to the director of the department, who will issue the final department decision within 14 working days.

These rules are intended to implement Iowa Code section 234.6(6).

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#### CHAPTER 154

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